Cleffs of the House of Representatives Legislative Resource Center B-106 Centon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, (X) 20510

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

SPECKETARY OF THE SENATE

| heck if this is an ames                | nded registration 🖾                | <ol> <li>Effective Date of Registration</li> </ol>  | April 9, 1999        | <del>- (3' -; · ·</del>                           |  |
|--|------------------------------------|---|----------------------|---|--|
| . House Identification Number          |                                    | Senate Identification Number  |                      |   |  |
| EGISTRANT                              |                                    |   |                      |   |  |
| Registrant Name                        | King & Spalding                    | ****  |                      |   |  |
| Address                                | 1730 Pennsylvania                  |   |                      |   |  |
| City                                   | Washington                         | State D.C.  | Zip                  | 20006   |  |
|  | isiness (if different from l       |   |                      | ******  |  |
| City                                   | •                                  | State   | Zip                  |   |  |
| Telephone number a<br>202-737-0500     |                                    | Contact:<br>Theodore M. Hester  |                      | (optional)  |  |
|  | of registrant's business o         |   |                      |   |  |
| LIENT a Labbyte                        | ng firm is required to file a sepe | trate registration for each client. Organizations   | empinying in-house b | obbyists should check the box                     |  |
| (atieleil"Se                           |                                    | ☑ Self  |                      |   |  |
| Client Name                            | Celhilar Telecomm                  | unications Industry Association   |                      |   |  |
| Address                                | 1250 Connecticut A                 |   |                      |   |  |
| City                                   | Washington                         | State D.C.  | Zip                  | 20036   |  |
|  | usiness (if different from i       |   |                      |   |  |
| City                                   |                                    | State /Zip (or Country)   |                      |   |  |
| General description                    | of client's business or act        |   |                      |   |  |
| sted in this section has               | s served as a "covered ex-         | s expected to act as a lobbyist for the cli<br>scutive branch official" or "covered leg-<br>executive and/or legislative branch post<br>Covered Officia | islative branch of)  | ficial" within two years o<br>he employee served. |  |
| Theodore M                             | , Hester                           | ,   |                      |   |  |
| Abraham N.I                            | 1.4. Oli I I                       |   |                      |   |  |
| T 10 60°                               |                                    |   |                      |   |  |
| Cornelia Sch                           | myder                              |   |                      |   |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                    |   |                      | ·····   |  |
|  |                                    | 1   |                      |   |  |
| oma 1 D-1 (Ray 06/08)                  |                                    |   |                      | Page 1  |  |

| OBBYING ISS                    |                                 | eriografia dos Mondos de Sentenciales en A   | l at tama                     | t Fa 1 nuan 1                        |
|--------------------------------|---------------------------------|--|-------------------------------|--------------------------------------|
| General lobbyir                | ig issue areas. Soloct att app  | ticable codes, listed in instructions and  | on reverse side of Farm :     | LD-1, page 1.                        |
| <u>TAX</u><br>Specific lobbyit | ng issues (current and anticip  |  |                               |                                      |
|                                | otibility issues.               | racu)  |                               |                                      |
| EEH LATEN O                    | RGANIZATIONS                    |  |                               | <u></u>                              |
| Is there any entity of         | ther than the client that conti | (ibutes more than \$10,000 to the lobby)   | ing activities of the registr | ant in                               |
| a semiannual period            | and in whole or in major pa     | art plans, supervises or controls the regi   | istrant's lobbying activitie  | :57                                  |
| ⊠ No⇒ Go to l                  | ine [4. 🗀 Yes 8                 | i Complete the rest of this section for ea<br>the criteria above, then proceed to line   |                               |                                      |
|                                |                                 |  | Principa) place of b          | usircss                              |
| . Name                         | <b>#</b>                        | Address  | (City and state or country)   |                                      |
|                                |                                 |  |                               |                                      |
|                                |                                 |  |                               |                                      |
|                                |                                 |  |                               |                                      |
| OREIGN ENT                     | ettes                           |  |                               |                                      |
| Is there any for               | •                               |  |                               |                                      |
| a)                             | holds at least 20% equital;     | te ownership in the client or in any org   | ganization identified on lic  | ne 13; <i>or</i>                     |
| b)                             |                                 | chole or in major part, plans, supervises<br>I the client or any organization identifie  |                               | es or                                |
| c)                             | is an affiliate of the client   | or any organization identified on line 1   |                               | t in the                             |
|                                | outcome of the lobbying a       | activity <sup>2</sup>  |                               |                                      |
|                                |                                 |  |                               |                                      |
| ❷ No⇔Sign and                  | date the registration           | ☐ Yes I Complete the rest of this s  | •                             |                                      |
| ❷ No⇔Sign and                  | date the registration           |  | •                             |                                      |
| ❷ No ♥ Sign and                | date the registration           | Yes Complete the rest of this s     matching the criteria above, s     registration.  Principal place of   | then sign and date the        | Ownership                            |
| ☑ No ♥ Sign and                | date the registration  Address  | Yes Complete the rest of this s<br>matching the criteria above, t<br>registration.   | then sign and date the        | Ownership<br>porcentage<br>in client |
|                                |                                 | Yes   Complete the rest of this s<br>matching the criteria above, s<br>registration.      Principal place of<br>business                         | Amount of contribution for    | percentage                           |
|                                |                                 | Yes   Complete the rest of this s<br>matching the criteria above, s<br>registration.      Principal place of<br>business                         | Amount of contribution for    | percentage                           |
|                                |                                 | Yes   Complete the rest of this s<br>matching the criteria above, s<br>registration.      Principal place of<br>business                         | Amount of contribution for    | percentage                           |
|                                |                                 | Yes   Complete the rest of this s<br>matching the criteria above, s<br>registration.      Principal place of<br>business                         | Amount of contribution for    | percentage                           |
|                                |                                 | Yes   Complete the rest of this s<br>matching the criteria above, s<br>registration.      Principal place of<br>business                         | Amount of contribution for    | percentage                           |
| Name                           | Address                         | Yes   Complete the rest of this s<br>matching the criteria above, s<br>registration.      Principal place of<br>business                         | Amount of contribution for    | percentage                           |
|                                | Address                         | Yes   Complete the rest of this sematching the criteria above, sergistration.      Principal place of business (city and state or country)  Date | Amount of contribution for    | percentage                           |

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